

**Office of the Patient Advocate (OPA)
California Health Care Quality PPO Report Card, 2014-15 Edition**

**Scoring Documentation for Public Reporting on HEDIS*
(Reporting Year 2014)**

Background

Representing the interests of health plan members, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has since annually updated, enhanced and expanded the Report Cards on HMOs, PPOs and Medical Groups. The current version (2014-15 Edition) of the online Health Care Quality Report Cards is available at: www.opa.ca.gov and via mobile apps.

Performance results are reported at a health plan reporting unit level in the PPO Report Cards. Six (6) participating health plans report PPO Healthcare Effectiveness Data and Information Set (HEDIS®) results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
United Healthcare Insurance Co., Inc.

Sources of Data for California PPO Health Care Quality Report Card

The 2014-15 Edition of the PPO Report Card is published in October 2014, using data reported in Reporting Year (RY) 2014 for performance in Measurement Year (MY) 2013. Data source is:

The National Committee for Quality Assurance's (NCQA) publicly reported Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) commercial measure data. (CAHPS Methodology Description in a separate document)

PPO HEDIS Methodology Process

1. Methodology Decision Making Process

OPA conducts a multi-stakeholder process to determine the scoring methodology. Beginning with the 2013 Edition of the Report Cards, OPA enhanced its partnership with IHA's Pay for Performance Initiative. IHA's Technical Measurement Committee (TMC) now serves as the primary advisory body to OPA regarding methodologies for the HMO and PPO Report Cards for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Card clinical data. Comprised of representatives from health plans, medical groups, and health care purchaser organizations, TMC members are well-versed in issues of health care quality and patient experience measurement, data collection and public reporting. OPA's Health Care Quality Report Cards are a standing item at the TMC meetings.

TMC Roster (2014)

Chair: Mike Weiss, DO: *CHOC Health Alliance*
Swati Awsare, MD: *Aetna*
Marnie Bakier, MD: *MemorialCare Medical Group*

Christine Castano, MD: *Healthcare Partners*
Cheryl Damberg, PhD: *RAND*
Ellen Fagan: *Cigna Healthcare of California*
John Ford, MD: *Family Practice Physician*
Peggy Haines: *Health Net*
Maureen Hanlon: *Kaiser Permanente*
Jennifer Hobart: *Blue Shield of California*
Chris Jioras: *Humboldt-Del Norte IPA*
Ranyan Lu, PhD: *UnitedHealthcare*
Leticia Schumann: *Anthem Blue Cross*
Kristy Thornton: *Pacific Business Group on Health*
Michael van Duren, MD: *Sutter Medical Network*
Ralph Vogel, PhD: *SoCal Permanente Medical Group*

OPA also contracts with Dr. Patrick Romano, who is a national expert in health care quality and public reporting, and a practicing physician and professor at the University of California, Davis Medical School.

Additionally, OPA values the opinions and perspectives of other stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, began conducting annual Stakeholder Briefings in 2013.

2. Stakeholder Preview and Corrections Period

Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is discovered, it is corrected prior to the public release of the OPA Report Cards.

PPO HEDIS Scoring Methodology

There are three levels of measurement:

- 1. Category:** There is one composite category, “PPO Provides Recommended Care,” which is the aggregated All-HEDIS summary performance score composed of forty-three (43) commercial HEDIS measures.
- 2. Topic:** There are nine composite condition topic areas composed of forty-three (43) commercial HEDIS measures.
- 3. HEDIS Measures:** There are forty-seven (47) PPO commercial HEDIS measures.

See Appendix A for mapping of HEDIS measures to the one category and nine topics for PPOs.

Performance Grading

PPOs are graded on performance relative to the nation for HEDIS measures for “PPO Provides Recommended Care”. All of the performance results are expressed such that a higher score means better performance. Based on relative performance, plans are assigned star ratings for category and topic composites.

Star rating performance grading is based on the NCQA RY 2013 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO) benchmarks. Quality Compass RY 2014 values are used to grade performance for new or revised measures.

1. Composite Calculation for Category and Topic Scoring

Composite calculation for category and topic scoring for clinical quality measures is a two-step method:

- a) **In Step 1**, calculate topic level composite: Measures are organized into each of the nine condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the nine condition topics.
- b) **In Step 2**, calculate the category level composite “PPO Provides Recommended Care”. Calculate the mean of the nine condition topic means. Each of the nine condition topic means is equally weighted. The results are not rounded – the raw mean score is used to assign the star rating performance grade.

2. Individual Measure Scoring

- a) The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. Measures will be dropped from star rating calculations and benchmarks if at least 50% of California plans cannot report a valid rate. Rates will be reported for all plans with valid rates, regardless of whether a particular measure has been dropped from a star rating calculation due to less than 50% of California plans having a valid rate.
- b) The HEDIS measure results are converted to a score using the following formula:
$$(\text{HEDIS measure numerator} / \text{HEDIS measure denominator}) * 100$$

3. Handling Missing Data

Not all health plans are able to report valid rates for each measure. In order to calculate category and topic star ratings for as many health plans as possible, missing measure data is imputed under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure-level-imputed-result for plans with missing data, and using those results for star calculations. Imputed results are not reported as an individual measure rate. If a plan is able to report valid rates for at least half of its measures in a topic, then missing values will be replaced using an adjusted half-scale rule for all missing measures to calculate the topic score. Because eligibility for missing value re-assignment (imputation) is assessed independently at the category and topic levels, it is possible to have a category score even if topic or measure scores are missing.

4. Two Component Measure Scoring

- a) The following measures are comprised of two interval component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Although the two results are

displayed individually within their respective topic, the results are blended using an equal 50/50 weight and counted only one time in composite category and topic star ratings.

- i. Alcohol/drug dependent treatment (initiation and engagement phases)
 - ii. Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator prescriptions)
 - iii. Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication (initiation and continuation phases)
 - iv. Anti-depressant medication management (acute and continuation phases)
 - v. Follow-up after hospitalization for mental illness (seven and 30 day follow-up)
- b) The following three measures have two age cohorts that are scored, reported and used to calculate composite category and topic star ratings separately:
 - i. Chlamydia screening age 16-20 and Chlamydia screening age 21-24 are reported separately.
 - ii. Asthma medications age 12-18 and Asthma medications age 19-64 are combined to form the 12-64 age band.
 - iii. Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents age 12-17 are reported separately.

5. Changes from the 2014 Edition Report Card to the 2014-15 Edition Report Card

- a) The HEDIS measure “Plan All-Cause Readmissions” has been added to the PPO Report Card for the 2014-15 Edition and called “Preventing Hospital Readmission After Discharge”. This is a stand-alone, display only measure, and is not included in the 2014-15 Edition PPO star calculations.
 - i. The measure displayed on the Report Cards is risk-standardized; NCQA’s Quality Compass does not provide a risk-standardized rate for this measure. Additionally, a national 90th percentile is not available for this measure.

6. 2014-15 Edition Report Card Notes

- a) The “Testing for Cause of Back Pain” and the “Preventing Hospital Readmission After Discharge” measures are reported as stand-alone measures and are not included in the All-HEDIS Summary Performance Score “PPO Provides Recommended Care” or any topic.
- b) The Doctor Advises Patient to Quit Smoking Measure is reported as a stand-alone measure but not included in the All-HEDIS Summary Performance Score, “PPO Provides Recommended Care,” or in the topic, “Treating Adults – Getting the Right Care,” because less than half of all health plans could report a valid rate (see Individual Measure Scoring, 2.a).
- c) The following measures are new or have had significant changes to the specifications, making them not trendable with prior year data. As such, prior year data is not used to establish benchmarks for these measures; the benchmarks are calculated using current year (RY 2014) performance data.

- i. Antidepressant Medication – First Three Months of Treatment (*AMM – Acute Phase*)
 - ii. Antidepressant Medication – Six Months Continuation of Treatment (*AMM – Continuation Phase*)
 - iii. Flu Shots for Adults (*FVA*)
 - iv. Cervical Cancer Screening (*CCS*)
 - v. Breast Cancer Screening (*BCS*)
 - vi. Asthma Medicine for Adults/Adolescents (*AMR*)
 - vii. Asthma Medicine for Children (*AMR*)
- d) *Measure Rotation*: Measure rotation allows an organization to use the audited and reportable Hybrid Method rate or survey from the prior year's data collection in lieu of collecting the measure for the measurement year. Each year, NCQA specifies a list of measures eligible for rotation.
 - i. *NCQA Rotated Measures*: Use any rotated measure result for the 2014-15 Edition of the Report Card that is reported by a health plan to NCQA. For plans that do not report a rotated measure, use the plan's most recent measure score from a prior reporting year. For the 2014-15 Edition of the Report Cards, the following OPA reported measures are eligible for rotation:
 - a) Controlling High Blood Pressure (*CBP*)
 - b) Visits During Pregnancy (*PPC*)
 - c) Visits After Giving Birth (*PPC*)

7. Calculate Percentiles

- a) One of four star rating grades is assigned to each of the nine topics and to the "PPO Provides Recommended Care" category using the cutpoints shown in Table 1. Three cutpoints are used to calculate the performance grades. Cutpoints were calculated per the (MY 2012) RY 2013 NCQA Quality Compass nationwide results for all plans (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO).
- b) The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the three cutpoints for that topic.

8. From Percentiles to Stars

- a) Health plan performance in MY 2013 (RY 2014) is graded against score thresholds derived from MY 2012 (RY 2013) data. There are three thresholds corresponding to four-star rating assignments. If a topic or category composite rate meets or exceeds the "Excellent" thresholds, the plan is assigned a rating of four stars. If a topic or category composite rate meets or exceeds the "Good" threshold (but is less than the "Excellent" threshold) then the plan is given a rating of three stars. If a topic or category composite rate meets or exceeds the "Fair" threshold (but is less than the "Good" threshold) then the plan is given a rating of two stars. Topic or category scores that are less than the two-star "Fair" threshold result in a rating of one star, "Poor".
- b) The grade spans vary for each of the nine condition topics listed in Table 1:

Top cutpoint: 90th percentile nationwide
 Middle cutpoint: 50th percentile nationwide
 Low cutpoint: 25th percentile nationwide

Table 1: HEDIS Performance Cutpoints for the 2014 Edition of the PPO Report Card

	Number of Measures Included	Excellent Cutpoint 90 th percentile	Good Cutpoint 50 th percentile	Fair Cutpoint 25 th percentile	Poor Cutpoint <25 th percentile
Condition Topics					
Asthma and Lung Disease Care	6	69	61	58	<58
Checking for Cancer	3	78	69	65	<65
Chlamydia Screening	2	58	42	37	<37
Diabetes Care	7	78	68	63	<63
Heart Care	4	81	72	66	<66
Maternity Care	2	93	85	77	<77
Behavioral and Mental Health	6	61	49	44	<44
Treating Adults	4	81	70	54	<54
Treating Children	9	72	55	46	<46
All HEDIS Summary Category					
PPO Provides Recommended Care	43	75	63	56	<56

- c) Using the example of “PPO Provides Recommended Care” category, three cutpoints are used to define four performance grades:

PPO Provides Recommended Care

75 Excellent
 63 Good
 56 Fair
 <56 Poor

- d) A buffer zone of a half-point (0.5) span is applied to the category and topic ratings. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, an All-HEDIS® summary score of 55.5 would be assigned a grade of “Fair”; a score of 55.4, which is outside of the buffer zone, would be assigned a grade of “Poor”.

9. Risk Adjustment

NCQA’s Committee on Performance Measurement and its Board of Directors determined that risk adjustment would not be appropriate for HEDIS measures because the processes and outcomes being measured should be achieved, regardless of the nature of the population.

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Asthma and Lung Disease Care	AMR	Asthma Medication Ratio, 5-11 years	Asthma Medicines for Children	% of children ages 5-11 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
	AMR	Asthma Medication Ratio, 12-64 years	Asthma Medicines for Adults/Adolescents	% of adolescents/adults ages 12-64 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
	PCE	Pharmacotherapy Management of COPD Exacerbation: Corticosteroid	Treating Lung Disease - Corticosteroid	% of adults age 40 or older with Chronic Obstructive Pulmonary Disease (COPD) who had worsening of symptoms indicated by a hospitalization or ED visit who were dispensed systemic corticosteroid within 14 days
	PCE	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	Treating Lung Disease - Bronchodilator	% of adults age 40 or older with COPD who had worsening of symptoms indicated by a hospitalization or ED visit and were a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator within 30 days
	AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Treating Bronchitis: Getting the Right Care	% of adults ages 18-64 who have acute bronchitis who were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations
	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Testing Lung Disease	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Checking for Cancer	COL	Colorectal Cancer Screening	Colorectal Cancer Screening	% of adults ages 51-75 who were tested for colorectal cancer using any one of four tests
	BCS	Breast Cancer Screening	Breast Cancer Screening	% of women ages 42-69 who had a mammogram during past two years
	CCS	Cervical Cancer Screening	Cervical Cancer Screening	% of women ages 24-64 who had a Pap test during past three years
Chlamydia Screening	CHL	Chlamydia Screening in Women: 16-20	Chlamydia Screening Age 16-20	% of sexually active women ages 16-20 who were screened for chlamydia in prior year
	CHL	Chlamydia Screening in Women: 21-24	Chlamydia Screening Age 21-24	% of sexually active women ages 21-24 who were screened for chlamydia in prior year
Diabetes Care	CDC	Comprehensive Diabetes Care: Eye Exam	Eye Exam for Diabetes Patients	% of patients with diabetes who had a retinal eye exam in last year
	CDC ⁱ	Comprehensive Diabetes Care: LDL-C Testing	Testing Cholesterol for Diabetes Patients	% of patients with diabetes who had an LDL-C test in last year
	CDC ⁱ	Comprehensive Diabetes Care: LDL-C Control	Controlling Cholesterol for Diabetes Patients	% of patients with diabetes who had an LDL-C <100 in last year
	CDC	Comprehensive Diabetes Care: HbA1c Testing	Testing Blood Sugar for People with Diabetes	% of patients with diabetes who had an HbA1c test in last year
	CDC	Comprehensive Diabetes Care: HbA1c Control	Controlling Blood Sugar for Diabetes Patients	% of patients with diabetes with HbA1c ≤ 8.0%
	CDC	Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy	Testing Kidney Function for Diabetes Patients	% of patients with diabetes who had nephropathy screening test in last year
	CDC	Comprehensive Diabetes Care: Blood Pressure Control	Controlling Blood Pressure for Diabetes Patients	% of patients with diabetes whose blood pressure level (<140/90) was controlled

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Heart Care	CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	% of adults ages 18-85 who are diagnosed with hypertension and whose blood pressure was controlled (<140/90)
	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Heart Attack Medication	% of persons age 18 and older hospitalized for a heart attack who received beta blocker medication through a 6 month period post event
	CMC ⁱ	Cholesterol Management for Patients With Cardiovascular Conditions: Screening	Testing Cholesterol	% of adults ages 18-75 who had an LDL-C test after an acute cardiovascular event or who had diagnosis of ischemic vascular disease
	CMC ⁱ	Cholesterol Management for Patients With Cardiovascular Conditions: Control	Controlling Cholesterol	% of adults ages 18-75 whose cholesterol was controlled (LDL-C <100 mg/dL) after an acute cardiovascular event or who had diagnosis of ischemic vascular disease
	ASP ⁱⁱ	Aspirin Use and Discussion (CAHPS survey reported as clinical care)	Aspirin Use Counseling	% of women ages 55-79 and men ages 45-79, who have cardiovascular risks and had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care
Maternity Care	PPC	Prenatal and Postpartum Care: Prenatal	Visits During Pregnancy	% of pregnant women who began prenatal care during first 13 weeks of pregnancy
	PPC	Prenatal and Postpartum Care: Postpartum	Visits After Giving Birth	% of women who had a live birth who had a postpartum visit between 21-56 days after delivery

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Behavioral and Mental Health	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 14 Days	Alcohol & Drug Dependence Treatment – Initiation Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who initiated treatment within 14 days after the initiation of AOD treatment
	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 30 Days	Alcohol & Drug Dependence Treatment – Ongoing Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who a) initiated treatment and b) had two or more additional AOD services within 30 days after the initiation of AOD treatment
	FUH	Follow-Up After Hospitalization for Mental Illness: 7 Days	Follow-up Visit Within 7 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 7 days after discharge
	FUH	Follow-Up After Hospitalization for Mental Illness: 30 Days	Follow-up Visit Within 30 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge
	AMM	Antidepressant Medication Management: Acute Phase	Anti-depressant Medication — First Three Months of Treatment	% of depressed patients who remained on antidepressant medication for the 12-week acute treatment phase
	AMM	Antidepressant Medication Management: Continuation Phase	Anti-depressant Medication — Six Months Continuation of Treatment	% of depressed patients who remained on antidepressant medication for the six month continuation phase

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Adults	MSC [‡]	Medical Assistance With Smoking and Tobacco Use Cessation (CAHPS survey reported as clinical care)	Doctor Advises Patient to Quit Smoking	In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan
	ART	Disease Modifying Anti-rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis	Treating Arthritis With Medications	% of patients age 18 and older diagnosed with rheumatoid arthritis who have had at least one prescription for DMARD drug during measurement year
	MPM	Annual Monitoring for Patients on Persistent Medications	Giving Lab Tests for Patients Taking Medications for a Long Time	% of patients age 18 and older who received at least a 180-day supply of any of a set of designated drugs and had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test)
	FSA	Flu Vaccinations for Adults Ages 18–64 (CAHPS survey reported as clinical care)	Flu Shots for Adults	% of members ages 50-64 who received an influenza vaccination between September 1 and date survey was completed
	ABA	Adult BMI Assessment	Checking if Weight Could Cause Health Problems	% of members ages 18-74 who had an outpatient visit who had their body mass index (BMI) documented in the past 2 years

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Children	CIS	Childhood Immunizations (Combination 3)	Immunizations for Children	% of children who by their 2nd birthday received designated measles, mumps, rubella (MMR); H influenza type B (HiBs); chicken pox (Varicella); diphtheria, tetanus, acellular pertussis (DtaP/DT); polio (IPV); hepatitis B (HepB) and pneumococcal conjugate (PCV) vaccinations (Combo 3)
	URI	Appropriate Treatment for Children With Upper Respiratory Infection	Treating Children with Upper Respiratory Infections	% of children ages 3 months to 18 years who had an upper respiratory infection (common cold) who were not given an antibiotic
	CWP	Appropriate Testing for Children With Pharyngitis	Treating Children with Throat Infections	% of children ages 2-18 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication and who were first tested for strep throat
	ADD	Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	Starting Care for Attention Deficit Disorder	% of children ages 6-12 who were prescribed an ADHD medication and had a follow-up visit with a practitioner during the 30-day Initiation Phase
	ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	Ongoing Care for Attention Deficit Disorder Phase	% of children ages 6-12 who were prescribed an ADHD medication, remained on the medication for at least 210 days and had two follow-up visits within the 9 month-Continuation/Maintenance Phase
	HPV	Human Papillomavirus Vaccine for Female Adolescents	Human Papillomavirus Vaccine for Female Adolescents	% of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13 th birthday

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Children, continued	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 3-11	Checking if Children's Weight Could Cause Health Problems	% of children ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) documented during the past year
	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 12-17	Checking if Adolescent Weight Could Cause Health Problems	% of children ages 12-17 (numerator 2) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked during the past year
	IMA	Immunizations for Adolescents	Immunizations for Early Teens	% of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday
Testing for Cause of Back Pain	LBP [§]	Use of Imaging Studies for Low Back Pain	Testing for Cause of Back Pain	% of adults age 18-50 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored)
Preventing Hospital Readmission After Discharge	PCR [§]	Plan All Cause Readmissions	Preventing Hospital Readmission After Discharge	For members 18 years of age and older, the number of acute inpatient hospital stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

i Due to recent changes in clinical guidelines, the LDL screening and control measures will be retired from the HEDIS 2015 (RY 2015) measure set, and therefore will not be included in the 2015-16 Edition of the Report Cards. The affected measures are the CMC LDL screening and LDL control indicators and the CDC LDL screening and LDL control indicators. The 2014-15 Edition is the last edition in which these measures will appear.

ii The Aspirin Use Counseling Measure is reported as a stand-alone measure within the topic of “Heart Care” but not included in that topic score or the All-HEDIS Summary Performance Score “HMO/PPO Provides Recommended Care”.

‡ The Doctor Advises Patient to Quit Smoking Measure is reported as a stand-alone measure within the topic of “Treating Adults: Getting the Right Care” but not included in that topic score or the All-HEDIS Summary Performance score “HMO/PPO Provides Recommended Care” because less than half of all health plans could report a valid rate.

§ The Testing for Cause of Back Pain and Preventing Hospital Readmission After Discharge measures are reported as stand-alone measures, and not included in a topic score or the All-HEDIS Summary Performance Score “HMO/PPO Provides Recommended Care”.